A SUBSTITUTE RESOLUTION BY

FINANCE/EXECUTIVE COMMITTEE

AUTHORIZING THE MAYOR TO ENTER INTO RENEWAL AGREEMENT NO. 2 FOR FC-7135-99D, HEALTH AND DENTAL BENEFITS, WITH BLUE CROSS BLUE SHIELD OF GEORGIA, INC., ESTABLISHING EMPLOYEE COSTS FOR HEALTH INSURANCE FOR PLAN YEAR 2002; AND AUTHORIZING AMENDMENT AGREEMENT NO. 1 TO PROVIDE ADDITIONAL HEALTH PLANS; AND FOR OTHER PURPOSES

WHEREAS, the City of Atlanta did advertise for proposals for FC-7135-99, Health and Dental Benefits on behalf of the Department of Finance; and

WHEREAS, Resolution 99-R-1731 adopted by Council on November 1, 1999, and approved by the Mayor on November 9, 1999, authorized Blue Cross Blue Shield of Georgia, Inc., for Group Health Indemnity Plans and Medicare Risk HMO Plan; and

WHEREAS, it is necessary to increase the scope of services to be provided by Blue Cross Blue Shield to add additional health plans due to United Healthcare's inability to provide renewal rates due to significant claim losses; and

WHEREAS, said contract includes two (2), one (1) year renewals; and

WHEREAS, the contractor has performed satisfactorily; and

WHEREAS, the Chief Financial Officer and the Purchasing Agent of the Bureau of Purchasing of Real Estate have recommended that Renewal Agreement No. 2 and Amendment Agreement No. 1 with Blue Cross Blue Shield of Georgia be executed.

NOW THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF ATLANTA, GEORGIA, as follows:

SECTION 1: that the Mayor is authorized to enter into Renewal Agreement No. 2 and Amendment Agreement No. 1, effective January 1, 2002, with Blue Cross Blue Shield of Georgia, Inc., for Group Health Indemnity Plans, Medicare Risk HMO Plan and Group Health HMO Plans.

<u>SECTION 2:</u> that the Chief Financial Officer, the Purchasing Agent of the Bureau of Purchasing and Real Estate and the City Attorney are authorized to engage in such further discussions with these companies as are necessary to protect the City's interest in the form of written contracts.

<u>SECTION 3:</u> that the Purchasing Agent of the Bureau of Purchasing and Real Estate be and is hereby directed to prepare an appropriate contractual agreements to be approved by the City Attorney as to form for execution by the Mayor.

<u>SECTION 4:</u> that these contractual agreements shall not become binding on the City, and the City shall incur no liability upon same until such agreements have been executed by the Mayor, sealed by the Municipal Clerk, and delivered to the contracting parties.

<u>SECTION 5:</u> that all services to be performed under these agreements shall be charged to and paid from the appropriate fund, account and center numbers.

<u>SECTION 6:</u> that the monthly premium rates for Plan Year 2002 be charged under these contracts as follows:



Blue Cross/Blue Shield	Total	Employee
Medical High Option	Cost	Cost
Without Medicare		
Employee/Retiree only	399.45	244.08
Employee/Retiree and child(ren)	701.57	429.67
Employee/Retiree and spouse	1,010.17	621.74
Employee/Retiree and family	1,311.53	798.81
Beneficiary child(ren)	302.12	185.59
Widow(er)	610.72	377.66
Widow(er)/bene child(ren)	912.09	554.74
With Medicare		
Retiree only	339.54	182.86
Retiree and child(ren)	641.66	351.11
Retiree and spouse (1 Medicare)	950.26	537.98
Retiree and spouse (2 Medicare)	858.66	471.96
Retiree and family (1 Medicare)	1,251.61	705.46
Retiree and family (2 Medicare)	1,160.76	653.53
Beneficiary child(ren)-Medicare	-	-
Widow(er) only-Medicare	519.11	289.08
Widow/bene child-Medicare	821.23	470.68
Blue Cross/Blue Shield	Total	Employee
Medical Low Option	Cost	Cos
Without Medicare		
Employee/Retiree only	220.54	184.17
Employee/Keinee omy	339.54	104.17
	596.31	324.41
Employee/Retiree and child(ren)		324.41 470.23
Employee/Retiree and child(ren) Employee/Retiree and spouse	596.31	324.41 470.23
Employee/Retiree and child(ren) Employee/Retiree and spouse Employee/Retiree and family	596.31 858.66	324.41 470.23 602.71
Employee/Retiree and child(ren) Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren)	596.31 858.66 1,115.43	324.41 470.23 602.71 140.23 286.05
Employee/Retiree and child(ren) Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er)	596.31 858.66 1,115.43 256.76	324.41 470.23 602.71 140.23
Employee/Retiree and child(ren) Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren)	596.31 858.66 1,115.43 256.76 519.11 775.91	324.41 470.23 602.71 140.23 286.05 418.56
Employee/Retiree and child(ren) Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree only	596.31 858.66 1,115.43 256.76 519.11 775.91	324.41 470.23 602.71 140.23 286.05 418.56
Employee/Retiree and child(ren) Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree only Retiree and child(ren)	596.31 858.66 1,115.43 256.76 519.11 775.91	324.41 470.23 602.71 140.23 286.05 418.56
Employee/Retiree and child(ren) Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree only Retiree and child(ren)	596.31 858.66 1,115.43 256.76 519.11 775.91	324.41 470.23 602.71 140.23 286.05 418.56 131.94 254.85 395.44
Employee/Retiree and child(ren) Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree only Retiree and child(ren) Retiree and spouse (1 Medicare) Retiree and spouse (2 Medicare)	596.31 858.66 1,115.43 256.76 519.11 775.91	324.41 470.23 602.71 140.23 286.05 418.56 131.94 254.85 395.44 343.16
Employee/Retiree and child(ren) Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree and child(ren) Retiree and spouse (1 Medicare) Retiree and spouse (2 Medicare) Retiree and family (1 Medicare)	596.31 858.66 1,115.43 256.76 519.11 775.91 288.62 545.40 807.72	324.41 470.23 602.71 140.23 286.05
Employee/Retiree and child(ren) Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree only Retiree and child(ren) Retiree and spouse (1 Medicare) Retiree and spouse (2 Medicare)	596.31 858.66 1,115.43 256.76 519.11 775.91 288.62 545.40 807.72 729.86	324.41 470.23 602.71 140.23 286.05 418.56 131.94 254.85 395.44 343.16
Employee/Retiree and child(ren) Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree only Retiree and spouse (1 Medicare) Retiree and family (1 Medicare) Retiree and family (2 Medicare)	596.31 858.66 1,115.43 256.76 519.11 775.91 288.62 545.40 807.72 729.86 1,064.52 986.63	324.41 470.23 602.71 140.23 286.05 418.56 131.94 254.85 395.44 343.16 518.37 479.40
Employee/Retiree and child(ren) Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree only Retiree and spouse (1 Medicare) Retiree and spouse (2 Medicare) Retiree and family (1 Medicare)	596.31 858.66 1,115.43 256.76 519.11 775.91 288.62 545.40 807.72 729.86 1,064.52	324.41 470.23 602.71 140.23 286.05 418.56 131.94 254.85 395.44 343.16 518.37

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Blue Cross/Blue Shield	Total	Employee
PPO High Option	Cost	Cos
Without Medicare		
Employee/Retiree only	288.03	132.66
Employee/Retiree and child(ren)	505.88	233.98
Employee/Retiree and spouse	728.40	339.97
Employee/Retiree and family	945.70	432.98
Beneficiary child(ren)	217.84	101.31
Widow(er)	440.37	207.31
Widow(er)/bene child(ren)	657.68	300.33
With Medicare		
Retiree only	244.84	88.16
Retiree and child(ren)	462.68	172.13
Retiree and spouse (1 Medicare)	685.20	272.92
Retiree and spouse (2 Medicare)	619.15	232.45
Retiree and family (1 Medicare)	902.51	356.36
Retiree and family (2 Medicare)	836.99	329.76
Beneficiary child(ren)-Medicare	-	-
Widow(er) only-Medicare	374.31	144.28
Widow/bene child-Medicare	592.17	241.62
Blue Cross/Blue Shield	Total	Employee
PPO Low Option	Cost	Cos
Without Medicare		00.45
Employee/Retiree only	244.84	89.47
Elarge /D stimes and shild(ren)		
4 7	429.98	158.08
Employee/Retiree and spouse	619.15	230.72
Employee/Retiree and spouse Employee/Retiree and family	619.15 804.31	230.72 291.59
Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren)	619.15 804.31 185.15	230.72 291.59 68.62
Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er)	619.15 804.31 185.15 374.31	230.72 291.59 68.62 141.25
Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er)	619.15 804.31 185.15	230.72 291.59 68.62
Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare	619.15 804.31 185.15 374.31 559.48	230.72 291.59 68.62 141.25 202.13
Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree only	619.15 804.31 185.15 374.31 559.48	230.72 291.59 68.62 141.25 202.13
Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree only Retiree and child(ren)	619.15 804.31 185.15 374.31 559.48	230.72 291.59 68.62 141.25 202.13 51.43 102.73
Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree only Retiree and child(ren) Retiree and spouse (1 Medicare)	619.15 804.31 185.15 374.31 559.48 208.11 393.28 582.42	230.72 291.59 68.62 141.25 202.13 51.43 102.73 170.14
Employee/Retiree and child(ren) Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree only Retiree and child(ren) Retiree and spouse (1 Medicare) Retiree and spouse (2 Medicare)	619.15 804.31 185.15 374.31 559.48 208.11 393.28 582.42 526.28	230.72 291.59 68.62 141.25 202.13 51.43 102.73 170.14 139.58
Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree only Retiree and child(ren) Retiree and spouse (1 Medicare) Retiree and spouse (2 Medicare) Retiree and family (1 Medicare)	619.15 804.31 185.15 374.31 559.48 208.11 393.28 582.42 526.28 767.59	230.72 291.59 68.62 141.25 202.13 51.43 102.73 170.14 139.58 221.44
Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree only Retiree and child(ren) Retiree and spouse (1 Medicare) Retiree and spouse (2 Medicare) Retiree and family (1 Medicare) Retiree and family (2 Medicare)	619.15 804.31 185.15 374.31 559.48 208.11 393.28 582.42 526.28	230.72 291.59 68.62 141.25 202.13 51.43 102.73 170.14 139.58 221.44 204.19
Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree only Retiree and child(ren) Retiree and spouse (1 Medicare) Retiree and spouse (2 Medicare) Retiree and family (1 Medicare) Retiree and family (2 Medicare) Beneficiary child(ren)-Medicare	619.15 804.31 185.15 374.31 559.48 208.11 393.28 582.42 526.28 767.59 711.42	230.72 291.59 68.62 141.25 202.13 51.43 102.73 170.14 139.58 221.44 204.19
Employee/Retiree and spouse Employee/Retiree and family Beneficiary child(ren) Widow(er) Widow(er)/bene child(ren) With Medicare Retiree only Retiree and child(ren) Retiree and spouse (1 Medicare) Retiree and spouse (2 Medicare) Retiree and family (1 Medicare) Retiree and family (2 Medicare)	619.15 804.31 185.15 374.31 559.48 208.11 393.28 582.42 526.28 767.59 711.42	230.72 291.59 68.62 141.25 202.13 51.43 102.73 170.14 139.58 221.44 204.19

Blue Cross/Blue Shield	Total	Employee
L'HMO T	Cost	Cost
Active		
Employee only	198.37	43.00
Employee and child(ren)	349.12	77.22
Employee and spouse	436.40	47.97
Employee and family	614.93	102.21
Without Medicare		
Retiree only	277.71	122.34
Retiree and child(ren)	488.77	216.87
Retiree and spouse	610.96	222.53
Retiree and family	860.90	348.18
Beneficiary child(ren)	150.76	34.23
Widow(er)	238.04	4.98
Widow(er)/bene child(ren)	416.57	59.22
*With Medicare		
Retiree only	90.00	-
Retiree and child(ren)	240.76	-
Retiree and spouse (1 Medicare)	328.04	-
Retiree and spouse (2 Medicare)	180.00	•
Retiree and family (1 Medicare)	506.56	466.52
Retiree and family (2 Medicare)	330.76	-
Beneficiary child(ren)-Medicare	•	-
Widow(er) only-Medicare	238.04	8.81
Widow/bene child-Medicare	416.57	66.02

^{*}Medicare eligible members must enroll in Blue Choice Platinum

A true copy,

Planta Daugher Johnson Municipal Clerk, CMC

ADOPTED by the Council APPROVED by the Mayor

SEP 17, 2001 SEP 25, 2001

Atlanta City Council

Regular Session

MULTIPLE

01-R-1501; 01-R-1502; <u>01-R-1503;</u> 01-R-1504; 01-R-1505; 01-R-1506 ADOPT ON SUB

YEAS: 10 NAYS: 0

ABSTENTIONS: 0

NOT VOTING: 5

EXCUSED: 1
ABSENT 0

NV McCarty NV Dorsey NV Moore Y Thomas Y Starnes Y Woolard NV Martin Y Emmons Y Bond Y Morris E Maddox Y Alexander Y Winslow Y Muller Y Boazman NV Pitts

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FINANCE/EXECUTIVE COMMITTEE

AUTHORIZING THE MAYOR TO ENTER INTO RENEWAL AGREEMENT NO. 2 FOR FC-7135-99D, HEALTH AND DENTAL BENEFITS, WITH BLUE CROSS BLUE SHIELD OF GEORGIA, INC., ESTABLISHING EMPLOYEE COSTS FOR HEALTH EMPLOYEE COSTS FOR HEALTH INSURANCE FOR PLAN YEAR 2002; AND FOR OTHER PURPOSES.

ADOPTED BY SEP 1 7 2001

COUNCIL

- CONSENT REFER
- REGULAR REPORT REFER ADVERTISE & REFER
- 1st ADOPT 2nd READ & REFER
- PERSONAL PAPER REFER

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FINAL COUNCIL ACTION

□V Vote □RC Vote Readings □ Consent

CERTIFIED

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Fav, Adv, Hold (see rev. side)

Fav, Adv, Hold (see rev. side)

Other:

Action:

Chair

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MAYOR'S ACTION \$ 5 200 Fav, Adv, Hold (see rev. side)

Members

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